

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 8, 1991

ALL-COUNTY LETTER NO. 91-64

TO: . ALL COUNTY WELFARE DIRECTORS

SUBJECT: AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) -  
GREATER AVENUES FOR INDEPENDENCE (GAIN) STATISTICAL  
REPORT OF REQUIRED PARTICIPATION IN GAIN

This letter transmits a reproducible copy of the AFDC-GAIN Required Participation Report (CA 237 GAIN) and instructions. This report collects data which has been mandated by the U.S. Department of Health and Human Services and recently received by the State Department of Social Services.

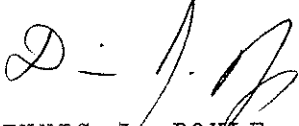
This report is effective with the July, 1991 report month. The first report for the month of July, 1991 will be due to the Statistical Services Bureau by August 20, 1991. Subsequent reports will also be due by the 20th calendar day of the month following the report month.

Understanding the timeframes with which this report has been distributed and the short implementation time allowed, it is vitally important that this report be submitted in the most timely manner possible. The data from this report will be used to meet federal reporting and participation rate requirements for the Job Opportunities and Basic Skills (JOBS) Training Program. This data must be submitted as California's effort to obtain the enhanced federal funding available under JOBS. With the recent reductions in funding for the GAIN Program, it is imperative that every effort be made to maximize available federal funding.

If your county will have problems implementing this report and may not be able to submit it in a timely manner, please send a letter to Levy St. Mary of the Statistical Services Bureau at the address on the enclosed form, indicating when data will be available. If this should be the case, an interim report with "zeros" must be submitted for the month of July, 1991, and monthly thereafter until data becomes available.

In addition, if your county has data (complete or otherwise), please submit it on your first report. This request includes your total existing mandatory AFDC population as of the first of July, 1991. If available, this would be entered into Item #1 of the enclosed report.

Any questions regarding this report should be directed to Levy St. Mary, Statistical Services Bureau, at (916) 445-2135.



DENNIS J. BOYLE  
Deputy Director

Enclosures

cc: CWDA

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) -  
GREATER AVENUES FOR INDEPENDENCE (GAIN)  
STATISTICAL REPORT OF REQUIRED PARTICIPATION  
IN GAIN (FORM CA 237 GAIN)

**CONTENT**

For the AFDC/GAIN Programs this report provides monthly data on the movement of individuals and cases who are required to participate in the GAIN Program.

**PURPOSE**

The purpose of this data is (1) to provide county, state and federal administrators with information needed for budgeting, staffing, program planning and for other administrative responsibilities; (2) to provide other interested persons and agencies with information on the status and trends of the AFDC/GAIN Program; and (3) to meet the federal reporting mandates.

**DISTRIBUTION**

Data in this report is compiled and transmitted as part of California's monthly and quarterly reports to the Social Security Administration, U.S. Department of Health and Human Services.

**DUE DATE**

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

When data is unavailable, or has not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the department can expect to receive the rest of the report. Forward missing figures promptly as soon as possible.

**DEFINITIONS**

**Individuals (FOR THE PURPOSE OF THIS REPORT)** - Person/s who apply and are approved for AFDC, current recipients who are redetermined eligible, eligible by way of 1) an Inter-County transfer, 2) a restoration, 3) other approval, etc.

**Recipient** - Individual/s approved for AFDC by a new application, redetermination, Inter-County transfer, etc.

**Required Participant** - An individual approved for AFDC and is non-exempt from participation in the GAIN Program. (This includes those who are mandatory volunteers/and does not include exempt volunteers)

**Exempt** - A person may be exempt from mandatory GAIN participation as follows:

- o Those who have been determined to have good cause for not participating including those for whom the State cannot guarantee child care as determined on a case-by-case basis;

- o Those who reside in a county in which the GAIN program is not operated;
- o Those who are working 30 or more hours per week regardless of when they became employed;
- o Those to whom a Notice of Action (NOA) sanction has been sent;
- o The parent is in an unemployed parent assistance unit and is caring for a child under three. (THIS EXEMPTION CAN ONLY APPLY TO ONE PARENT)
- o The parent or other relative of a child under the age of 3 who is personally providing care for the child, except for 16-19 year old parents who do not possess a high school diploma or equivalent;

(A woman who is 16-19 and does not possess a high school diploma or equivalent, and her physician prescribes a specified period of postpartum recovery)

- o An individual 16, 17, or 18 years of age who is a full time student in an elementary school, high school, vocational, or technical school;
- o An individual who is ill or injured, when determined that the illness or injury is serious enough by itself to prevent entry into employment or training;
- o An individual is 60 or older;
- o An incapacitated individual when determined that the individual has a physical or mental impairment, by itself or in conjunction with age, which prevents the individual from engaging in employment or training;
- o A caretaker whose presence in the home is required on a substantially continuous basis because of the physical or mental impairment of another member of the household;
- o A woman who is in at least the fourth month of pregnancy, or
- o An individual who is a VISTA volunteer.

**Deferred** - A person may be deferred for any one or more of the following reasons:

- o A person is enrolled in a Self-initiated Program (SIP), no labor market connection or cannot be completed in two years;
- o Alcoholism or drug addiction;
- o Emotional or mental problems;
- o Legal difficulties;
- o No legal right to work in the USA;
- o Severe family crisis;
- o Good standing in union;

- o Temporarily laid off with call back date;
- o Medically-verified illness;
- o No child care;
- o No transportation;
- o A teen parent with special needs that cannot be met;
- o Second parent, first parent participating, or
- o An individual attending an education/training program that is not approved as a SIP, may be deferred in order to permit the completion of the program semester, quarter or increment of not more than six months.

#### INSTRUCTIONS

Submit reports on the designated form, (Form CA 237 GAIN).

#### PART A. RECIPIENTS

PART A SUMMARIZES THE NUMBER OF INDIVIDUALS REQUIRED TO PARTICIPATE IN THE GAIN PROGRAM DURING THE REPORT MONTH. (THOSE WHO ARE NOT EXEMPT OR DEFERRED, REGARDLESS OF WHETHER THEY HAVE BEEN REFERRED TO GAIN)

1. **Brought forward from last month** - Enter the number of required participants from previous month. If not the same figure as Item 7 of previous month, explain in footnote. (Place footnote on reverse side of report)
2. **Total number of individuals determined eligible during the report month** - Enter the total number of individuals determined eligible to receive AFDC benefits because they were an approved applicant, deemed eligible at re-determination, were eligible by way of a restoration of benefits, Inter-County transfer, other approval, etc.
3. **Total number of recipients determined non-exempt during the report month** - Enter the total number of AFDC eligibles found to be non-exempt and therefore required to participate in the GAIN program at some time during the report month.

#### NOTE:

THIS TOTAL INCLUDES RECIPIENTS NEW TO AFDC, THOSE GOING THROUGH REDETERMINATION, INTER-COUNTY TRANSFERS, THOSE THAT HAVE LOST THEIR EXEMPTION STATUS, THOSE NO LONGER DEFERRED FROM PARTICIPATION, ETC.

4. **Transferred to another program segment** - Enter the number of individuals (required to participate) who transferred to another program segment during the report month. (For this item, show the transfer as a positive count in the column the individual/s transferred to and a negative count in the column they transferred from or vice versa.)
  - a. **To AFDC-FG from AFDC-U** - Enter the number of participants who transferred to the FG segment of the AFDC program (from U) during the report month.

- b. To AFDC-U from AFDC-FG - Enter the number of participants who transferred to the U segment of the AFDC program (from FG) during the report month
5. Total number of AFDC recipients required during the report month to participate in GAIN - Enter the total number of AFDC non-exempt recipients required to participate in the GAIN program during the report month.
- This is a cumulative total which includes all recipients counted in item 3, plus those brought forward from last month (+ or -) those whose FG/U program segment has changed.
6. Total number of recipients no longer required to participate in GAIN (total of a and b below) - Enter the total number of recipients no longer required to participate in GAIN due to the following:
- a. No longer on AFDC - Enter the total number of recipients who are no longer required to participate in GAIN because they left the AFDC program at sometime during the report month,
- b. No longer a mandatory individual - Enter the total number of recipients who are no longer required to participate in GAIN because they were determined to be exempt, or were determined to have good cause since they meet the deferral criteria listed in these instructions.
7. Carried forward to next month - Enter number of participants carried forward to next month (Item 5 - Item 6).

**PART B. CASES**

8. Cases brought forward from last month - Enter the total number of cases carried forward from last month. (Item 14 last month or explain)
9. Total number of cases determined eligible during the report month (equal to or less than Item 2 above) - Enter the total number of cases determined eligible to receive AFDC benefits because it was a result of an approved applicant, a re-determination, a restoration of benefits, Inter-County transfer, other approval, etc.
10. Total number of non-exempt cases added during the report month - Enter the total number of AFDC cases found to be non-exempt and, therefore, would be required to participate in GAIN during the report month. (This number will be equal to or less than the number in Part A, Item 3)
11. Transferred to another program segment - Enter the number of cases which transferred to another program segment during the report month. (For this item, show the transfer as a positive count in the column the case/s transferred to and a negative count in the column they transferred from or vice versa.)
- a. To AFDC-FG from AFDC-U - Enter the number of cases which transferred to the FG segment of the AFDC program (from U) during the report month.
- b. To AFDC-U from AFDC-FG - Enter the number of cases which transferred to the U segment of the AFDC program (from FG) during the

report month.

Page 5

12. **Total number of cases represented by the recipient count provided in Part A., Item 5. above** - Enter in this item the total number of cases (both existing cases and those added during the month) (+ OR -) those whose FG/U program segment changed. (Item 8 plus Item 10 (plus or minus) Item 11a and 11b)

**NOTE:** This number is the total cases represented by the recipient count in Item 5 above.

13. **Total number of cases no longer required to participate in GAIN (Total of a and b below)** - Enter the total number of cases which are no longer in a participating status. This number should be the total of a. and b. below.

**NOTE:** This number is the total cases represented by the recipient count in Item 6 above.

- a. **Cases discontinued from AFDC** - Enter the total number of cases discontinued from AFDC during the report month.

**NOTE:** This item is the total cases represented by the recipient count in Item 6.a. above.

- b. **No longer a mandatory individual in the case** - Enter the total number of cases where the individual/s in the case are no longer required to participate in GAIN because they were determined to be exempt, or were determined to have good cause since they meet the deferral criteria listed in these instructions. (In a case where there may be more than one required participant, all should be determined either exempt or deferred before the case can be entered in this item.)

**NOTE:** This item is the total cases represented by the recipient count in Item 6.b. above.

14. **Number of cases carried forward to next month** - Enter the number of cases carried forward to the next month. (Item 12 minus Item 13 ).

**PART C. TO BE USED UPON INSTRUCTION FROM SDSS**

This section is to be used for required and voluntary footnotes.

Send this copy to:  
 DEPARTMENT OF SOCIAL SERVICES (SDSS)  
 Statistical Services  
 744 P Street, M.S. 19-81  
 Sacramento, CA 95814

**Aid to Families with Dependent Children (AFDC) -  
 Greater Avenues for Independence (GAIN)  
 Statistical Report on Required Participation in GAIN**

STATE USE ONLY		COUNTY	
MONTH ENDING (MONTH, DAY, YEAR)			
<b>PART A. RECIPIENTS</b>		<b>(FG)</b>	<b>(U)</b>
1. Brought forward from last month (Item 7 last month or explain).....			
2. Total number of individuals determined eligible for AFDC during the report month.....			
3. Total number of recipients determined non-exempt during the report month.....			
4. Transferred to another program segment:			
a. To AFDC-FG from AFDC-U.....			(      )
b. To AFDC-U from AFDC-FG.....		(      )	
5. Total number of AFDC recipients required during the report month to participate in GAIN (Item 1 + Item 3 (+ or - 4a and 4b)).....			
6. Total number of recipients no longer required to participate in GAIN (Total of a and b below).....			
a. No longer on AFDC.....			
b. No longer a mandatory individual.....			
7. Carried forward to next month (Item 5 - Item 6).....			
<b>PART B. CASES</b>		<b>(FG)</b>	<b>(U)</b>
8. Cases brought forward from last month (Item 14 last month or explain).....			
9. Total number of AFDC cases established during the report month (equal to or less than Item 2 above).....			
10. Total number of cases added during the report month (equal to or less than Item 3 above).....			
11. Transferred to another program segment:			
a. To AFDC-FG from AFDC-U.....			(      )
b. To AFDC-U from AFDC-FG.....		(      )	
12. Total number of cases represented by the recipient count provided in Part A., Item 5 above. (equal to or less than Item 5).....			
13. Total number of cases no longer required to participate in GAIN (Total of a and b below).....			
a. Case discontinued from AFDC.....			
b. No longer a mandatory individual/s in the case.....			
14. Number of cases carried forward to next month (Item 12 - Item 13 above).....			

**PART C. TO BE USED UPON INSTRUCTION FROM SDSS**

Report prepared by:		Date prepared	Telephone No.
		/ /	(      )